

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039881

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 306

Primary Registration District No. 6048

Registrar's No. 1419

STATE FILE NUMBER

FILED OCT 22 1962

1. PLACE OF DEATH

a. COUNTY

St. Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Peters (Dardenne)

Length of stay in lb

20 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

at home, 5 mi. south

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Charles

admission)

c. CITY

OR

TOWN

St. Peters RR 1

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

5 mi. south

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Bernard

Joseph

Stahlschmidt

4. DATE

OF

DEATH

Month

Day

Year

Oct. 17, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-7-1887

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Building trade

11. BIRTHPLACE (City and state or country)

Portage des Sioux, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Clement Stahlschmidt

13b. MOTHER'S MAIDEN NAME

--- Turnbull

14. NAME OF HUSBAND OR WIFE

Stahlschmidt Blanche

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

St. Peters, Mo.

Blanche Stahlschmidt, RR 1

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Carcinoma

INTERVAL BETWEEN

ONSET AND DEATH

1 year

Conditions, if any, which gave rise to above cause --(a), stating the underlying cause last.

DUE TO (b)

Carcinoma of tonsil

DUE TO (c)

2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1955

to 1962

and last saw him alive on

Sept 1962

Death occurred at

1:30 p

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W H Roysamer MD

22b. ADDRESS

St Charles Mo

22c. DATE SIGNED

Oct 19, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-20-62

23c. NAME OF CEMETERY OR CREMATORY

St. Joseph Cemetery

23d. LOCATION (City, town, or county)

Cottleville, Mo.

(State)

24. FUNERAL DIRECTOR

Geo. Stiefvater

ADDRESS

St. Peters, Mo.

25. DATE RECD. BY LOCAL REG.

10/19/62

26. REGISTRAR'S SIGNATURE

E. H. Edwards

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

001 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jerry A. Davis

Licensed Embalmer No. 5739

P. O. Address

O'Fallon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.